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CONFIRMATION NO. 4925

SERIAL NUMBER 10/710,926	FILING OR 371(c) DATE 08/12/2004 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 001-400	
APPLICANTS Irina A. Smith, Chicago, IL;					
** CONTINUING DATA ***** This appln claims benefit of 60/521,954 07/26/2004 <i>also</i>					
** FOREIGN APPLICATIONS ***** <i>none also</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/16/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>JA</i>		STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
ADDRESS 29569					
TITLE Sexual Therapy Device					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		